

10/6/04

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
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Application Number

09/980588

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
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Total Indep	2		3		1		Total Indep							
Total Depend	4		4		3		Total Depend							
Total Claims	6		7		4		Total Claims							

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